



- Only staff trained by an Appropriately Qualified Health Professional (AQHP) can perform this procedure.
- Staff must complete training annually or earlier as required.
- This procedure should be read with the [NDIS LWB 5501 Health and Wellbeing Procedure](#), [NDIS LWB 5600 High Intensity Daily Personal Activities - Procedure](#) and the [Medication Administration Procedures](#) in consultation with the person or their Diabetes Management plan/protocol.

Each person who has diabetes and requires diabetes medication injection must have a Diabetes Management Plan, which is personalised to meet their requirements and documented by an AQHP (such as a General Practitioner, Diabetes Specialist Endocrinologist or Diabetes Educator).

The AQHP is to provide training in any administration of diabetes medication that is required, and that is in the scope of practice of a Disability Support Worker (DSW).

**For people we support coming into LWB:**

The Client Engagement Team will review with the person their individual diabetes support needs to ensure LWB can safeguard and deliver these requirements.

**For existing people we support:**

The Regional Operations Manager and the person we support will liaise with the Client Engagement Team to review any change in circumstance regarding diabetes support to ensure LWB can safeguard and deliver these requirements.

**Administration of Diabetes Medication with Injectable Pen – Procedure**

**Check**

- Check and follow the person’s Diabetes Management Plan.
- Confirm how the person would like to be actively involved in their support, as outlined in their plan, and to the level they choose.
- Explain the procedure to the person and seek their consent to proceed.
- Check the person’s blood glucose levels (BGL) following the [NDIS LWB 5558 HIDPA Blood Glucose Level \(BGL\) Testing - Procedure](#) and medication chart for the required dose. NOTE: Dosage might change depending on the person’s BGL reading.
- Check the person’s [NDIS LWB 5645 Diabetes Injectible Medication Site - Recording Chart](#) to see the injection site of their recent diabetes medication doses.
- Check and gather the supplies: diabetes medication injector pen, needle, alcohol wipes, cotton ball, and sharps container.

**Support****If in doubt, call an Ambulance (000)****Severe Hypoglycaemia - extremely low blood glucose levels**

This can be a life-threatening event.

Symptoms: confusion, dizziness, unable to follow instructions, slurred speech, agitation, seizures, loss of consciousness.

**Response**

**Call 000 immediately.**

**Mild Hypoglycaemia**

Low blood glucose levels below 4mmol/L or, for some people with diabetes, below 6mmol.

Hypoglycaemia can be caused by accidental diabetes medication overdose, too much exercise, illness such as diarrhoea, vomiting, or infection, and missing meals or meals with insufficient carbohydrates.

Symptoms may include sweating, clamminess, dizziness, chills, confusion, shakiness, fast heartbeat, blurred vision, headache, and tingling in the lips or around the mouth.

**Response**

Follow the person's Diabetes Management Plan for an individualised response which may include giving the person 15–20 grams of glucose, such as:

- 6 or 7 regular-size jelly beans, or
- 100–120 ml (½ standard cup) Lucozade energy drink (not Sport), or
- 150 – 200 ml soft drink or fruit juice (1 standard cup), or
- 15 grams of glucose gel, or
- 3 teaspoons of sugar or honey.
- Or as documented in their Diabetes Management Plan.

Recheck the person's blood glucose level after 15 minutes and repeat as required.

This should be followed by a meal containing carbohydrates.

**Call Ambulance (000) if blood glucose levels do not improve following a meal.**

**Hyperglycaemia:**

Blood glucose levels are consistently over 10mmol/L. The higher the BGL, the more noticeable the symptoms. People with Type 1 diabetes can experience diabetic

ketoacidosis (DKA), and people with Type 2 diabetes can experience Hyperosmolar Hyperglycaemic State (HHS).

It may be caused by not enough diabetes medication, physical activity, illness, some non-diabetic medications, infection or illness and the balance of the person's carbohydrate intake.

Symptoms include frequent urination, increased thirst, fatigue, weight loss, blurred vision, higher risk of infections, fruity-smelling breath and urine, nausea and vomiting, pain in the stomach, shortness of breath, dry mouth, weakness and confusion.

**Response:**

Follow the sick day plan in the Diabetes Management Plan and **seek medical advice**.

**Other risks**

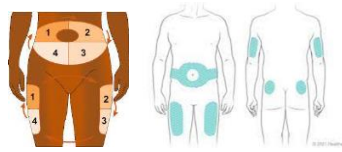
- **Seek medical advice** if the person experiences:
  - Reactions/infections to the injection site. Redness, swelling, itching or pain. Do not inject into areas with reactions.
  - Skin changes at the injection site: shrinking or thickening of the skin at the injection site: To avoid this from happening, rotate injection sites.
  - Weight gain or loss when following the recommended diet.
  - If the person is choosing not to follow the recommended diet.
- Wear the appropriate PPE – latex-free disposable gloves, gown or apron, face shield, or protective goggles. Refer to the [NDIS LWB 5507 Let's Talk About PPE for Support Activities](#) for the correct PPE requirements and follow hygiene and infection control procedures.

**Mixing Diabetes Medication**



- When administering mixed types of diabetes medication, you may need to mix the medication before administration by gently rolling it between your hand or gently rocking it back and forth. Do not shake.
- Always check the expiry date.
- If the medication is meant to be cloudy, roll and tip the medication pen 10 times until it is evenly cloudy.
- If lumps, particles, non-uniform cloudiness or crystals are visible in the diabetes medication, the medication may be contaminated. Discard the pen and start a new one.

## Injection Sites



- Diabetes medication is best administered around the abdomen; however, other injection sites can be used as recommended by a medical physician or diabetes educator. Where the diabetes medication is injected can affect the rate of absorption.
- An injection in the abdomen should be no closer than 5cm to the belly button.
- Injection sites should be rotated with each injection to prevent a build-up of fatty tissue under the injection site, as this can cause a change in how the diabetes medication is absorbed. The general rule is that at least 2 finger spaces should be left between the last injection and the current injection site. The injection site should be recorded on an [NDIS LWB 5645 Diabetes Injectable Medication Site - Recording Chart](#) for the staff member to follow.

## Preparing to Inject

Preparing the injection pen is called priming.

Priming before each dose removes the air from the needle and cartridge that may collect during everyday use. This ensures that the person gets their total amount. It's important to prime before every injection when using a diabetes medication pen.

## How to Prime the Diabetes Medication Pen (before every injection)

If you don't prime before each injection, the dose might be lower than required.

- Remove the paper tab from the needle.
- Screw the needle onto the cartridge holder.
- Pull off the outer cap and the inner cap.
- Discard the inner cap.
- Keep the outer cap to remove the needle after you have delivered the injection.
- Dial the Dose Knob to select 2 units.
- Hold the pen so the needle is pointing up and tap the cartridge to collect any air at the top.
- Prime the pen by pushing the injection button with your thumb over a sink or small dish. You should see a few drops of diabetes medication.
- If no diabetes medication is seen, repeat the priming steps. A new cartridge may need to be primed several times.
- Replace the outer cap.

### How to Safely Inject

Diabetes medication is injected into the fatty layer below the skin, known as a subcutaneous injection. It mustn't be injected into muscle or ligament. Instead, to inject safely, gently pinch the skin upwards with one hand while injecting with the other.

### Safely Injecting Diabetes Medication



- New pens should be taken out of the refrigerator 30 minutes before use.
- Use a new needle for each injection. This will help ensure sterility. It will also help prevent the leakage of diabetes medication, keep out air bubbles, and reduce needle clogs.
- Follow the 7 Rights of Medication Administration as detailed in the [NDIS LWB 5400 Administering Medication - Procedure](#).
- Ensure you have primed the needle before administering the diabetes medication. **Refer to How to Prime Diabetes Medication Pen** above.
- Dial-up the required dose and set the pen aside in a dish.

### Dialling Diabetes Medication Dose



- Expose the site to be injected. If the area is soiled or damp, clean the area with a clean damp cloth or alcohol swab – let it dry.
- Do not inject into areas that have wounds or bruising.
- Double-check the dose before injecting. Where possible, this is to be done by another support staff or the person receiving the injection. If no other staff is available on shift and the person cannot safely check, different strategies for checking the dosage must be in place.
- Remove the outer cap.
- Gently pinch the skin and inject at a 90-degree angle.
- Slowly press the injector button right down to inject the diabetes medication. Hold the pen in place for 10 seconds before withdrawing the pen. If the needle is removed too soon, the total dose of the diabetes medication is not administered.
- Check that the dose indicator is back to zero. This confirms that the total dose has been injected.
- Once the needle has been removed from the skin, hold a cotton ball on the injection site for a few seconds if there is any minor bleeding.

- Place the outer cap back over the needle and twist anticlockwise to detach the needle from the pen.
- Place the used needle in the sharps container.
- Return the Diabetes Medication Pen to its storage case or pouch.
- Remove and dispose of the gloves and wash your hands.
- Provide the person with a meal as per their Diabetes Management Plan.

**Preventing Needle Stick Injury**

- Don't bend or snap used needles.
- Never recap the needle with the small inner cap. Use the larger outer cap to avoid sticking yourself.
- Plan for safe handling and disposal of needles before using them.
- Place used needles into a clearly labelled and puncture-proof sharps-approved container.

**Responding to Needle Stick Injury**

- Wash the wound with soap and water.
- If soap and water aren't available, use alcohol-based hand rubs or solutions.
- Notify your Disability Support Leader<sup>1</sup> or On Call to report all needlestick and sharps-related injuries to ensure that you receive appropriate support and follow-up care.
- An HSE i-Sight event will need to be completed.
- Go to your doctor or the nearest hospital emergency department as soon as possible.
- Remember that the risk of disease transmission is low.

[Health and Safety Factsheet – Management of Needle Stick Injury](#)

**Needle Disposal**

- All needles must be placed into an approved sharps container after each administration. Do not throw needles into the rubbish.

**Sharps Disposal Container**

<sup>1</sup> All references to Disability Support Leader (DSL), includes all Frontline Leadership roles, such as House Supervisor.

- When full, sharps containers are to be returned to the pharmacy, local hospital or health department for safe disposal.

[Health and Safety Factsheet – Safe Use Handling and Disposal of Sharps](#)



## Report

- Record the blood glucose level on the [NDIS LWB 5559 Blood Glucose Level Testing - Recording Chart](#)
- The injection site should be recorded on the [NDIS LWB 5645 Diabetes Injectable Medication Site - Recording Chart](#) for other staff to follow.
- Record and sign the dose of diabetes medication that was administered on the person's Medication Administration Record.
- Report any concerns or issues related to the person's diabetes medication administration or diabetes support immediately to the Disability Support Leader or On Call.

## For Further Guidance and Advice

Contact the AQHP who developed the person's support plan.